



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 11016 Steeplechase Ct
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____

Proposed Use: _____

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant/Tenant Name: _____

Was tenant-space-previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

| Commercial Building Characteristics | Residential Building Characteristics |
|---|---|
| Height: | <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |
| No. of stories: | Depth Width |
| Gross area, sq. ft./floor: | 1 st floor: |
| | 2 nd floor: |
| Area of construction (sq. ft.): | Basement: |
| | <input type="checkbox"/> Finished Basement |
| Use group: | <input checked="" type="checkbox"/> Unfinished Basement |
| | <input type="checkbox"/> Crawl Space |
| Construction type: | <input type="checkbox"/> Slab on Grade |
| <input type="checkbox"/> Reinforced Concrete | No. of Bedrooms: <u>4</u> |
| <input type="checkbox"/> Structural Steel | Multi-family Dwelling |
| <input type="checkbox"/> Masonry | No. of efficiency units: |
| <input type="checkbox"/> Wood Frame | No. of 1 BR units: |
| <input type="checkbox"/> State Certified Modular | No. of 2 BR units: |
| | No. of 3 BR units: |
| | Other Structure: |
| | Dimensions: |
| > Roadside Tree Project Permit | Footings: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Roof: |
| Roadside Tree Project Permit # | <input type="checkbox"/> State Certified Modular |
| | <input type="checkbox"/> Manufactured Home |

Property Owner's Name: Josh Wyszka & Maokab Brown
Address: 11016 Steeplechase Ct
City: Ellicott City State: MD Zip Code: 21042
Phone: 410-949-4104 Fax: _____
Email: jwyszka@visionfinancial.com

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: HOMEOWNER

Contact Person: JOSH WESZKA

Address: 11016 STEEPLCHASE CT

City: ELICOTT CITY State: MD Zip Code: 21042

License No.: _____

Phone: 410-949-4104 Fax: _____

Email: jwyszka@visionfinancial.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

| Utilities | |
|--|--|
| Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Heating System | |
| <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil | |
| <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas | |
| <input type="checkbox"/> Other: | |
| Sprinkler System: | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Grading Permit Number: | |
| Building Shell Permit Number: | |

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

jwyszka@visionfinancial.com

Email/Address

Title/Company

Print Name

JOSH WESZKA

Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|----------------------|----------------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | <u>8/14/17</u> | <u>[Signature]</u> |

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

| DPZ SETBACK INFORMATION |
|---|
| Front: |
| Rear: |
| Side: |
| Side St.: |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lot Coverage for New Town Zone: |
| SDP/Red-line approval date: |

| | |
|-----------------|-----------------|
| Filing Fee | \$ <u>25.00</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |
| Check | # |

Distribution of Copies: White: Building Officials

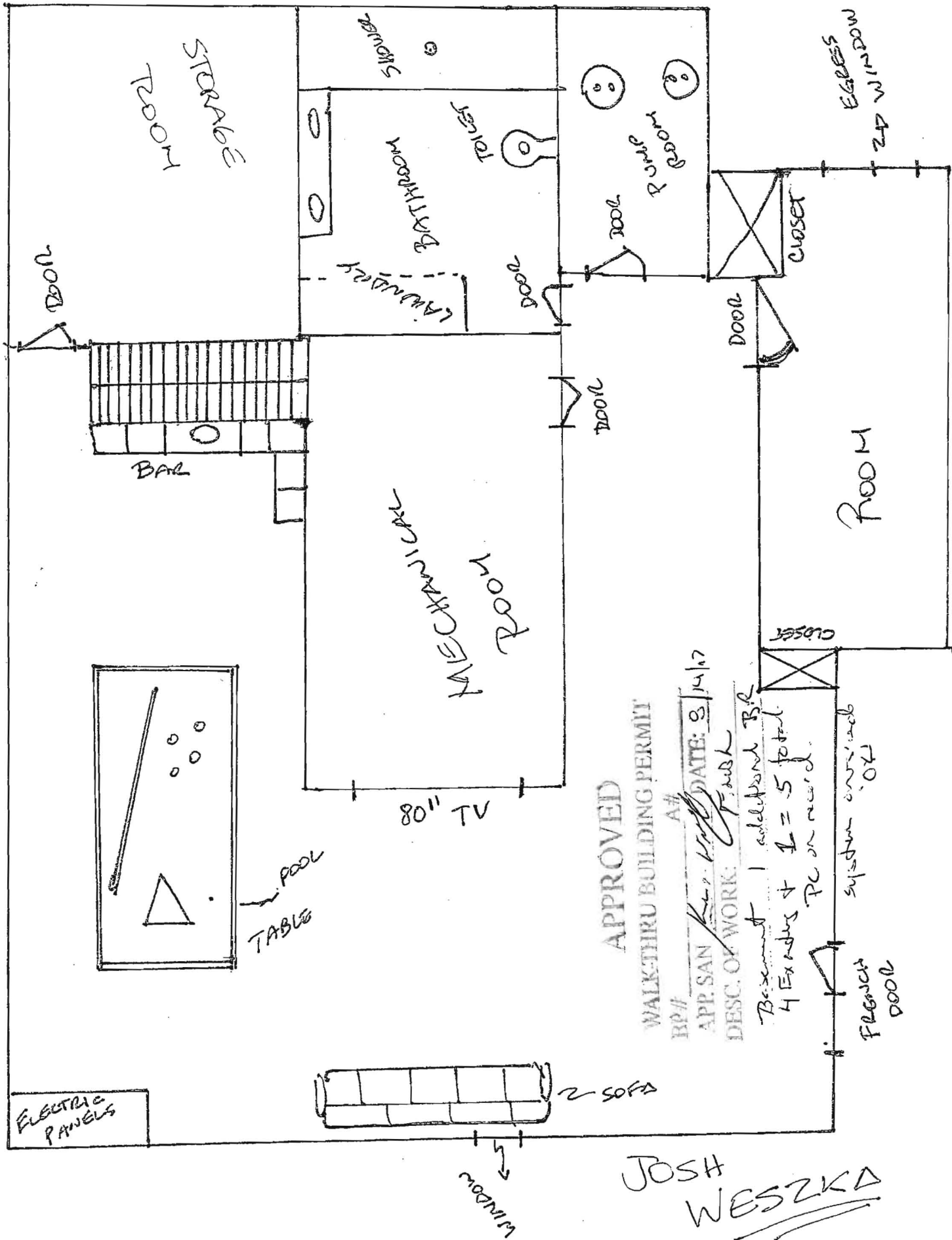
Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

FLOOR PLAN: 11016 STEEPLECHASE CT ELLICOTT CITY, MD 21042



APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN. DATE: 3/14/17
DESC. OF WORK: *Basement 1 additional BR
4 Exits + 1 = 5 total
PC on record.
system enclosed
OK*
FIREWORK DOOR

JOSH
WESZKA



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2017 AUG 14 AM 10:00

Date Received: _____

Permit No.: B17003017

Building Address: 11016 STEEPLECHASE CT

City: ELICOTT CITY State: MD Zip Code: 21224

Suite/Apt. #: _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: UNFINISHED BASEMENT

Proposed Use: FINISH BASEMENT - FAMILY ROOM

Estimated Construction Cost: \$ 50,000 (APPROX)

Description of Work: FINISH BMT. TO INCLUDE

(1) BEDROOM, RECREATION ROOM, WET

BAR, (1) FULL BATH, UNFINISH

RECREATION RM, UNFINISH POND ROOM

Was tenant space previously occupied? Yes (1300 SQ FT) ☐ No

Contact Name: JOSH WESZKA

Address: 11016 STEEPLECHASE CT

City: ELICOTT CITY State: MD Zip Code: 21224

Phone: 410-949-4134 Fax: _____

Email: JWESZKA@VISIONFINANCIAL.COM

Property Owner's Name: JOSH WESZKA

Address: 11016 STEEPLECHASE CT

City: ELICOTT CITY State: MD Zip Code: 21224

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Address: 11016 STEEPLECHASE CT

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License No.: _____

Phone: 410-949-4134 Fax: _____

Email: JWESZKA@VISIONFINANCIAL.COM

Engineer/Architect Company: _____

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| Commercial Building Characteristics | Residential Building Characteristics |
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| Utilities |
|---|
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| Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Water Supply |
| <input type="checkbox"/> Public |
| <input checked="" type="checkbox"/> Private |
| Sewage Disposal |
| <input type="checkbox"/> Public |
| <input checked="" type="checkbox"/> Private |
| Heating System |
| <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Other: _____ |
| Sprinkler System: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Grading Permit Number: _____ |
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Applicant's Signature: JOSH WESZKA

Print Name: JOSH WESZKA

Email Address: JWESZKA@VISIONFINANCIAL.COM

Date: 08-11-17

Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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-FOR OFFICE USE ONLY-

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|--|------|-----------------------|
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| Building Officials | | |
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| Health | | |
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| Side: _____ |
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| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lot Coverage for New Town Zone: _____ |
| SDP/Red-line approval date: _____ |

| | |
|-----------------|-----------|
| Filing Fee | \$ 25.00 |
| Permit Fee | \$ 100.00 |
| Tech Fee | \$ 10.00 |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ 135.00 |
| Sub- Total Paid | \$ |
| Balance Due | \$ |
| Check | # 106 |

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

+WANTS TO PICK UP+

FLOOR PLAN: 11016 STEEPLECHASE CT
ELLICOTT CITY, MD 21042

